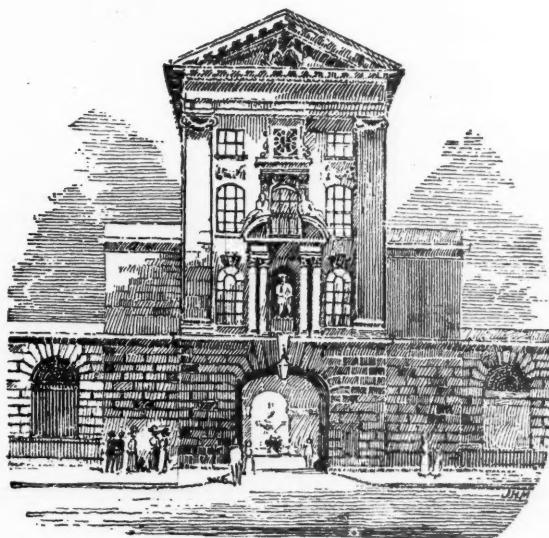


ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXX.—No. 7.

APRIL, 1923.

[PRICE NINEPENCE.]

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St. Bartholomew's Hospital



JOURNAL.

"*Æquam memento rebus in arduis
Servare mentem.*"

-- *Horace*. Book ii, Ode iii.

VOL. XXX.—No. 7.]

APRIL 2ND, 1923.

PRICE NINEPENCE.

CALENDAR.

Mon., Apr. 2.—Bank Holiday. No out-patients seen.
Tues., „ 3.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Final Conjoint Board Examination begins.
Fri., „ 6.—Prof. Fraser and Prof. Gask on duty.
Tues., „ 10.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 13.—Dr. Drysdale and Mr. McAdam Eccles on duty.
Tues., „ 17.—Sir P. Horton-Smith Hartley and Mr. Rawling on duty.
Fri., „ 20.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Last day for receiving matter for May issue of Journal.
Tues., „ 24.—Prof. Fraser and Prof. Gask on duty.
Fri., „ 27.—Dr. Morley Fletcher and Mr. Waring on duty.

EDITORIAL.

RADUALLY, through the persistent efforts of the Sub-Committees, the Octocentenary Celebrations are shaping in an ordered and most elaborate programme. No one can read the reports without being struck by the very large scale upon which the celebrations will be carried out.

The Religious Services Committee have been compelled to cancel the service at St. Paul's proposed for June 7th. There will be a service to commence the celebrations at the Priory Church of St. Bartholomew the Great, at 10.30 a.m. in the morning of Tuesday, June 5th.

The Solemnity in the Hospital Square, commencing at 11.30 a.m. on Tuesday, June 5th, will be of a very elaborate nature.

Five processions will be formed:

- (a) A procession of Augustinian Canons chanting the ancient hymn used at the foundation of an Augustinian Priory.
- (b) A procession illustrating the departure of Rahere on his pilgrimage to Rome.
- (c) A procession of King Henry VIII with the Lord Mayor, commonalty and citizens of London. Mr. Arthur Bourchier has promised to enact the part of Henry VIII.
- (d) A procession of R.A.M.C., with ambulance, etc., as used in the Great War.
- (e) A procession of the President, Treasurer and Chief Officers of the Hospital.

Each procession will be preceded by a fanfare of silver trumpets.

Appropriate music will be played by the band of the Coldstream Guards.

The Augustinian Canons will march round the Square and then leave the Hospital.

The other processions will be arranged in the centre of the Square facing the Entrance Gateway.

It is hoped that members of the Heralds' College may be present in uniform, and that one of them may be authorised by the President to read a Proclamation announcing the opening of the celebrations.

The National Anthem will then be played, and the processions will retire in reverse order to their entrance.

Col. Mackenzie Rogan, C.V.O., has kindly promised to organise the musical part of this pageant.

Visitors will be seated on all sides of the Square, leaving sufficient room for the service of the Hospital.

A Luncheon for Delegates, Governors and others has been arranged by the Lord Mayor.

The Tableaux will be performed on five or six occasions. Sir Alexander Mackenzie, Mus.D., F.R.A.M., Principal of the Royal Academy of Music, has kindly consented to provide appropriate music.

An evening party will be held in the Out-Patients' Department. The Hospital Square will be illuminated on this occasion.

For the reproduction of the Bartholomew Fair the City Corporation has generously promised the use of part of the road in front of the Hospital and of the Recreation Ground.

It is proposed to present the Fair as in the reign of Henry VIII. Booths, etc., of the period will be erected, at which various goods will be sold; there will be reproductions of old English Sports—tumbling and acrobatic performances—and an attempt made to show the Fair as it was in the Middle Ages in most of its details. The Students' Union has kindly undertaken to organise the various items.

The Exhibition Sub-Committee have arranged for the exhibition of—

- (1) Charters and other MSS. of historical interest.
- (2) Some of the Hospital possessions, such as the silver, etc.
- (3) Portraits and prints.
- (4) Books by, or connected with, the Hospital Staff.
- (5) Maps of the Hospital and neighbourhood.
- (6) Surgical instruments connected with the Hospital Staff.

With regard to advertising the Octocentenary Celebrations there are few means of propagating news which will not be used. We would advise our readers to "wait and see."

The nineteenth annual report of the Council of the Students' Union, recently presented, is a stimulating document, showing increased activity in every department of the student life of the Hospital and recording a year's work of which the retiring Council may well feel proud. It is impossible to mention every club whose activities are described therein, but certain details are too important to be omitted. A grant of £350 from the Catering Company has made it possible to lay out two hard tennis courts at Winchmore Hill. These should be ready in the spring, and will be of the utmost value in Hospital tennis. The Rifle Club has done exceptionally well. Members of the Club carried off 75 per cent. of the prizes at the United Hospitals Prize Meeting. The Rowing Club was affiliated to the London Rowing Club in March, 1922, and since then membership has steadily increased. Two crews have been entered for the United Hospitals Challenge Cup. So for the first time for ten years a junior crew will turn out for Bart.'s. These are only examples, taken almost at random, of the increased vigour and considerable successes of our clubs.

The Council, stimulating, and, when necessary, helping all the affiliated clubs, may well be praised for an exceptionally good year's work. We are happy to know that Mr. W. Holdsworth remains in office as Senior Secretary.

* * *

It has long been the custom for Bart.'s Fellows to attempt to elect Bart.'s men to the Council of the Royal College of Surgeons of England. We commend to our readers the note on page 99.

* * *

Many past and present students of the Hospital will join with us in regretting the resignation of Sir Robert Armstrong-Jones from his Lectureship on Psychological Medicine at the Hospital.

Sir Robert has in his time done much varied service to St. Bartholomew's and to the State. For years, as Medical Superintendent at Claybury, he took parties of Bart.'s men round the wards of that Hospital. From this post he retired in 1916, to take up the work of Casualty Physician in Mental and Nervous Diseases to the London and Aldershot command, and with this was given the rank of Lt.-Col. R.A.M.C. He was the first to be asked by the Governors of the Hospital to take charge of the new Psychological Medicine Clinic in the Out-Patient Department. He is still a Justice of the Peace for Essex, the County of London and of Carnarvon, of which latter county he is also Deputy Lieutenant. It might be thought that these further duties would weigh heavily upon his shoulders, but recently we hear that he has been appointed one of the Deputy Lieutenants of the Marquess of Crewe (Lord Lieutenant of the County of London).

Mr. W. Girling Ball's note on the War Memorial should send many men to their cheque-books. This form of public honour to men whose names should ever remain in Hospital tradition and history has been unavoidably delayed. We hope our readers will determine that financial reasons shall no longer hinder it.

* * *

Whilst deeply regretting Dr. M. H. Gordon's resignation of his appointment as Bacteriologist to the Hospital, we are glad to know that he will remain with us in a consulting capacity.

* * *

The Rev. William Vassall, M.A., has tendered his resignation of the office of Assistant Hospitaller and Curate of St. Bartholomew-the-Less. Mr. Vassall will not only carry away with him the good wishes of all at the Hospital, but also, we hear, one of our Bart.'s nurses. Our readers will join with us in saying to both Mr. Vassall and his fiancée, "Good Luck and Happy Days!"

* * *

The recent Rugby Final resulted again in a win for our redoubtable rivals. We should like heartily to congratulate Guy's on their fine team.

All Bart.'s men watching the match must have been proud of the plucky, resourceful, and almost successful efforts of our men. We hear as we go to press that Mr. W. F. Gaisford has been elected to travel to France as first reserve full back for England.

* * *

Our readers will all be sorry to hear that Mr. J. S. Spong, Senior Assistant Clerk to the Governors of the Hospital, has reached the retiring age and has therefore tendered his resignation. Mr. Spong entered the Clerk's office in 1874, and has thus served St. Bartholomew's for 49 years. Many who have met him in the official business of the Hospital will miss his unfailing courtesy and genial disposition. Forty-nine years is a big slice out of a man's life. We wish him in his retirement health and vigour. All who have worked with him realise that in his life amongst us for so many years he has maintained always the great traditions of our Hospital.

* * *

Following Mr. Spong's resignation a new office, that of Assistant Clerk, has been created in the administrative department. We welcome thereto Mr. F. Dudley Hobbs, B.A.(Cantab.).

* * *

Hospital men were surprised recently to find that the large square tables in the Abernethian Room had been replaced by smaller round tables and chairs. Such reconstruction has long been contemplated. The Aber-

nethian Room has in the past frequently appeared untidy through the apparently incurable habit of throwing papers and magazines on to the floor. We sympathetically realise that man is an untidy animal, but we would remind users of the Abernethian Room that unless they can break themselves of this habit (which, we need hardly say, would not be tolerated in any decent club), the new departure will only make for greater disorder.

* * *

Our heartiest congratulations to Mr. H. Bedford Russell on winning the Alpine Ski Challenge Cup at Mürren. We need not mention the keen competition which this trophy always produces, nor the skill necessary to win it.

* * *

Readers' attention is directed to the enclosed slip dealing with the *St. Bartholomew's Hospital Reports*, which are reviewed in another column. It is to be hoped that many men will become subscribers to an important Hospital enterprise.

* * *

Many years ago King Henry VIII of blessed memory was anxious to divorce Katherine of Aragon, or, perhaps it would be more correct to say, desired to marry again, as many a lesser man has done before and after him. Before he could break the marriage bond with Katherine it was necessary to break with the Church of Rome; and in due course, such was the pertinacity of bluff King Hal, even this was done, and the King found himself holding the pleasing position of "only supreme Lord of the Church of England." To celebrate the acknowledgment of this event—truly one of the most tremendous and vital actions of our English monarchs—a medal was struck in gold. One of the few remaining specimens of this medal, naturally very valuable, was presented to the Hospital in 1866, and, we are interested to hear, is shortly to be reproduced in connection with the Octocentenary Celebrations.

* * *

Col. Sir William R. Smith has been appointed a Knight of Grace of the Order of St. John of Jerusalem in England, and Lt.-Col. J. Miller, D.S.O., M.C., R.A.M.C.(T.), has been awarded the Medaille (en Argent) de la Reconnaissance Française for distinguished services rendered during the Great War.

* * *

May we remind correspondents that all articles must be accompanied by the author's name, not necessarily for publication. An amusing effort called "Advertising" has recently reached us without any name attached. Will the author please communicate with us?

* * *

Dr. Lyster writes to us emphasising the necessity for men wishing to obtain the very useful D.P.H. Diploma

under the old regulations to commence work during the coming term. By so doing it is possible, even for busy practitioners, to comply with the regulations. But this is probably their last chance of so doing.

THE COUNCIL ELECTION OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

PROF. GEORGE ERNEST GASK, C.M.G., D.S.O., F.R.C.S., Director of our Surgical Professorial Clinic, St. Bartholomew's Hospital, is a candidate for election to the Council of the Royal College of Surgeons of England. Every Fellow of the College should receive a voting paper on April 4th, and it is hoped that all St. Bartholomew's Fellows will record a vote for Prof. Gask.

It is earnestly requested that Fellows would be good enough to vote as soon as they receive their paper, since at the last Election many put this aside, and then failed to send it in later on.

There are five vacancies and eleven candidates.

The representation of St. Bartholomew's Hospital Medical College would be enhanced greatly by the return of Prof. Gask at the head of the poll. If any Fellow does not receive his voting paper promptly, he is invited to write at once to S. F. Cowell, Esq., Secretary, Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C. 2.

HÆMOPHILIA.

Now "Bleeders" (no offence is meant

By such a designation)

All owe their chronic discontent

To non-coagulation.

It penetrates the homes of kings;

It reaches garret squalid—

This shortage of those comic things

That make the blood go solid.

Our mothers hand it down to us,

And males are most affected,

Females, the cause of all the fuss,

Appear to be protected.

The Hæmophilic's morning shave

Is very far from simple;

He's apt to meet an early grave

When he amputates a pimple.

So, Bleeders, if you'd lead a life

Without grim Death a-courting,

Shun like the plague the Surgeon's knife;

And don't go Winter-Sporting!

ST. BARTHOLOMEW'S HOSPITAL WAR MEMORIAL FUND.

AT a recent meeting of the Council of the Medical College it was decided that a subscription list should be opened for a Memorial to those St. Bartholomew's men who lost their lives during the war. It was agreed that the form which the memorial should take could not be decided upon until the total sum of money available was known, when it was the intention of the Council to obtain the views of the subscribers. It has been resolved, however, that the Memorial shall be placed within the walls of the Hospital, and shall include a tablet on which the names of those who lost their lives shall be recorded.

All old St. Bartholomew's men will shortly receive a letter to the effect that a list has been opened, together with a list of the names of the men who made the supreme sacrifice. In order to avoid any omissions or any information incorrectly recorded concerning those whose names are on the list, the Committee dealing with this matter would be glad if those having such information would communicate the same to them. The Committee consists of Sir Herbert Cohen, Bart., Dr. Drysdale, Sir Gordon Watson, K.B.E., Mr. Reginald Vick, and Mr. Girling Ball (Hon. Sec. to the Fund).

A preliminary list of subscribers will also be circulated.

The Visiting Medical Staff has given a sum of £1000 as its donation to the Fund.

THE OCTOCENTENARY OF THE FOUNDATION.

II. THOMAS WHEELER AND THE BOTANICAL EXCURSIONS.

By Sir D'ARCY POWER, K.B.E.

THE Society of Apothecaries always attached much importance to a practical knowledge of botany. It was as important therefore for an apprentice going up for "The Hall" to know his plants as it was for one who presented himself at "The College" to be sure of his anatomy. Even comparative ignorance in either subject was at once discovered by the Apothecaries, who were first-rate botanists, and by the Surgeons, who were skilled anatomists. Fortunately the Society provided sound and pleasant teaching in its physic garden at Chelsea, and by a system of botanical excursions—known as the "Herborisings"—which were in reality picnics. London was a comparatively small place until the middle of the last century; the suburbs were reached

quickly, and the habits of men were simpler than they are at present. At this time walking was the only outlet for the energy of youth. There was no football, no rowing, no tennis, and very little cricket. At the Universities the afternoon "grind" or walk of five to ten miles with a congenial companion was the recognised form of exercise for the majority of undergraduates and their tutors, with beneficial effects both to their health and conversational powers. In London there were similar walks and talks varied five times a year by the Herborisings. On these occasions, which were twice in May and once in June, July and August, from 28 to 30 apprentices met outside the gates at St. Bartholomew's Hospital at six o'clock in the morning, and as the hour struck they were greeted by Mr. Wheeler—the Apothecary to the Hospital—who came as their guide in his capacity of Demonstrator of Botany at the Apothecaries Hall. The party started at once. An official of the Society carried a large metal box for the collection of specimens, and each apprentice carried a similar but smaller one slung over his shoulder. It was not considered good form to take an umbrella or greatcoat, and when it rained you got wet and your coat dried when the sun came out. Mr. Wheeler led the van, and continued to do so until he was long past eighty, with unflagging spirits.

The route varied from time to time. Sometimes it was north-west, through Islington to Copenhagen Fields, which are now covered by the houses overlooking the coal-sidings of the Great Northern and the Midland Railways; thence through the fields to Kentish Town and on to Hampstead, with "Jack Straw's Castle" as the rallying point for stragglers and late comers. Here there was a homely breakfast of tea, rolls and butter, after which the party scattered over the Heath, gathering the ferns and heath plants which then abounded. The return was made from Finchley, Hendon or Caen Wood, and dinner was provided at "The Castle"; substantial joints of meat with pudding and a moderate allowance of table ale at the cost of the Society of Apothecaries at the first two meetings in each year. At one time the Society gave "a bottle of wine amongst four and a bottle of cider between two, but no porter or other malt liquor is to be allowed except table beer." The large metal box carried by the attendant was opened directly after dinner; the plants it contained which had been collected during the morning were produced and shown to the assembled party, who sat on each side of a long table, usually in the open air. Every plant was named, peculiarities of its form or structure were pointed out, and special attention was drawn to any medicinal properties it might possess. An hour or two was thus spent very profitably, tea was served and the pupils walked home, as there were neither trams, tubes, trains nor omnibuses, though a spare seat

could sometimes be got on the outside of a coach going into Town.

Another favourite excursion was to the south-east, across London Bridge and down the Old Kent Road to Deptford, Greenwich and Blackheath, where breakfast was provided at "The Green Man," after which the walk was continued through Greenwich Park and along the side of the river to Charlton, thence to Shooter's Hill, and so back to "The Green Man," where roast joints, pudding and table beer were waiting.

In similar fashion the south-west excursion crossed the river by Westminster Bridge. Money was not too abundant, and if one did not go over London Bridge or Westminster Bridge a toll had to be paid, with the result that there was much open country on the Surrey side quite near the banks of the river. The party followed the river past Lambeth and Vauxhall to Battersea Fields, which then had a rich indigenous flora with some rare British plants. The walk was extended to Wandsworth, and, still following the river, to Putney, where breakfast was provided at "The Star and Garter." After breakfast the towing-path was explored between Putney and Hammersmith, with all its innumerable ditches and hedgerows, which are still often washed by the tide. The river was left at Hammersmith and the excursion was continued to Wimbledon or to Richmond, and thence back to Putney for dinner. Here, as at most other inns in this part of the Thames Valley, eel-pies were a feature of the meal, for plenty of eels were caught locally so long as the river traffic was small and there were no steamboats.

In this way our fathers and grandfathers learnt their botany, and often acquired that love for plants and flowers which was afterwards shown by "the doctor" in many a remote village. Sometimes the result was more immediate and tangible, for the Society presented two beautifully executed medals—known as the Linnæan and Galen medals—to those who had learnt most at these herborisings. My father, as I see by the date upon them, gained both in 1851.

A POST-GRADUATE COURSE.

A POST-GRADUATE COURSE, similar to that given last year, will be held from July 12th to July 28th, 1923.

The proposed programme will shortly be circulated to all old St. Bartholomew's men. In order to avoid disappointment those intending to join the class should send in their names to the Dean as soon as possible, as the number will have to be limited.

CONGENITAL HYPERTROPHIC PYLORIC STENOSIS.*

By HUGH THURSFIELD, M.D., F.R.C.P.

1. There is a baby at present in Luke Ward suffering from that curious disorder, "hypertrophic stenosis of the pylorus." I am not going to spend time in discussing exactly what it is which leads to the muscular hypertrophy; I will merely remind you that the morbid change consists in such an hypertrophy of the circular muscle of the pyloric canal as to produce a more or less complete obstruction of the orifice, and that as a result the stomach behind the block is itself dilated and hypertrophied. (Museum specimen.)

2. I pass to the clinical conditions. For some unknown reason it is more common in boys than in girls in the proportion of 4 to 1, and is often, but not invariably, accompanied by a tight phimosis of the prepuce. It does not, as a rule, disclose its presence at birth; its possessor usually goes on comfortably till the second week of life, though after it has been recognised it is sometimes possible to trace it back to an earlier date. Or it may be impossible to recognise the characteristic symptoms until the twelfth or thirteenth week of life. Occasionally the symptoms develop even later. Broadly speaking, it is a disease of the first two months of life. It is found in babies breast-fed as well as in those fed otherwise.

3. The symptoms on which the diagnosis is based are five in number: (1) Vomiting persistent, and often projectile in character. (2) Gastric peristalsis of a marked type. (3) The presence of a palpable tumour, which may be felt to harden and relax alternately with the waves of peristalsis. (4) Obstinate constipation. (5) Retention of the food in the stomach beyond the normal time, demonstrated either by X rays or by gastric lavage. The last two of these symptoms are of less importance than the others.

4. The diagnosis of the condition is in many instances very easy. When the vomiting has the projectile character and the characteristic peristalsis is visible the condition can hardly be mistaken; and if in addition the tumour is felt there can be no further doubt. Yet mistakes are often made. The baby will not always perform either the vomiting or the peristalsis turn to order, and the mother is seldom a trustworthy witness on either point. The best method is to give the baby a feed from a bottle and to watch what happens for yourself. If the condition is present you will soon see a wave of peristalsis start from the left side and pass in slow progression toward the right, to be succeeded by other similar waves. If at the same time you can feel the tumour the diagnosis is certain. Even so, mistakes are possible. Not long ago

* Clinical lecture, February 9th, 1923.

I saw a baby with a suggestive history of projectile vomiting, in whom there was a gastric peristalsis, but I was unable to feel the tumour. An operation showed a perfectly normal pylorus. Such a baby is suffering, not from pyloric stenosis, but from a spasm of the pylorus—a condition which it is usually easy to relieve by purely medical means. On the whole, however, mistakes of this kind are uncommon; it is far more usual to overlook the condition when it does exist, from the absence of the characteristic symptoms at the time you make your exami-

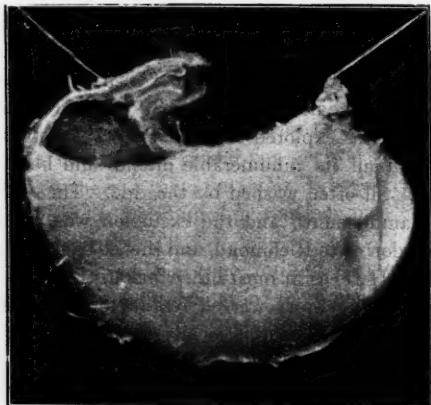


CONGENITAL PYLORIC STENOSIS.

nation. Hence it should be a rule always to see the suspect fed.

5. The treatment of these cases is at present unsatisfactory. There is an extraordinary difference in the results obtained in hospital and in private work. In babies treated in hospital without operation the mortality is round about 75 per cent.: in private work the mortality is not more than 20 per cent. In hospital work with operation the mortality is seldom less than 55–60 per cent. in any long series of cases: in private work with operation the mortality, even in the hands of good surgeons, is seldom less than 20 per cent. If you judge from these

figures alone the obvious conclusion is that in private work it does not make much difference whether you operate or not, whereas in hospital work the balance is in favour of operation. But these are figures obtained by taking all cases without differentiation; and when you inquire more closely into the subject it is clear that the patients belong to different groups. There is one group in which the symptoms set in with severity and the patient is quickly reduced to extremity by the vomiting. In this group there can be no doubt that the best mode of treatment is immediate operation. In a second group the urgency of the symptoms is less: the child remains stationary, neither gaining nor losing weight, vomiting occasionally. In this group there is the chief ground for hesitation; operation, if successful, will no doubt effect a cure of the ill—though that is not by any means certain;



HYPERTROPHIC PYLORIC STENOSIS.

I have several times seen the operation fail to relieve the symptoms. On the other hand, to wait too long is to make the surgeon's success more problematical. I have myself, in this group, set an arbitrary limit of a week. If at the end of a week or ten days I cannot satisfy myself that there is a definite improvement I ask for operation. In a third group there is no doubt that operation is not necessary—the child begins to improve at once.

As to the nature of the operation, there are three methods in use: (1) Gastro-enterostomy, which has had brilliant success in the hands of a very few surgeons, but the mortality is still high. I do not think it is now practised. (2) Gastrotomy, with dilatation of the pylorus through the stomach wound. This is the method favoured by Mr. Burghard, and in his hands has had a striking success. With other surgeons it is in less favour. (3) Rammstedt's operation, which is a simple longitudinal division of the hypertrophied muscle, with or without peritoneal suture. This is at present the operation most in favour, and the

rate of mortality in the hands of a good surgeon is now becoming steadily lower.

If you decide to employ medical means the chief reliance must be placed on careful feeding with constant gastric lavage, so as to avoid the accumulation of food in the stomach.

These are the broad outlines of the subject. There is a great deal to be said in detail, both about the methods of feeding and the details of pre- and post-operative treatment.

ON THE CARE OF BABIES.

BREAST-FEEDING.

BABIES should be put to the breast 6-hourly for the first 2 days, and after that not oftener than 3-hourly during the day (some babies do very well on 4-hourly feeding).

There should be no night feeding. An **Time.** interval of 6 to 8 hours should elapse between the night and morning feeds.

It requires a good deal of patience and perseverance on the part of the mother or nurse to form this habit of no night feeding, but once established it is well worth the effort, both from the mother's and the baby's point of view.

Duration of feed. The length of time during which a baby should be left to feed varies with each individual infant, but 20 minutes is a good average to take.

Be sure that the baby is feeding and not asleep.

If a baby is contented and is steadily

Weight. gaining in weight, he is obviously having enough food. If the opposite is the case, the amount he is having at each feed can be estimated by weighing him before and after each feed (of course in exactly the same clothes, blanket, etc.).

Amount of food. The amount of food a baby should be taking can be roughly calculated by the following rule :

A baby requires 50 calories per lb. of baby every 24 hours.

Breast milk contains about 20 calories per oz., therefore a baby weighing 7 lb. and being fed every 3 hours during the day (*i. e.* 6 feeds in the 24 hours) should be having just under 3 oz. at each feed. This cannot be accepted as a hard and fast rule, for babies are not all made to a standard pattern, but is quite a good guide to the amount required.

If it is found that the mother has not enough milk for the baby, the supply may be increased by sponging the breasts with hot and cold water alternately for about 10 minutes and following this with gentle massage of the breasts just before the baby is fed.

One of the commonest reasons for a **Mild jaundice.** baby not taking enough food, and therefore not putting on weight, is the fact that he is jaundiced and sleepy and will not wake up for his feeds.

Sometimes it is impossible to rouse him sufficiently to feed, and in this case the milk must be drawn off with a breast-pump and given to the baby with a spoon.

Jaundice of this mild type, in which sleepiness and yellowness are the only symptoms, can be overcome by giving one dose of ol. ric. 3ss, ol. olive 3ss, and following it up with hyd. c. cret. gr. $\frac{1}{8}$ night and morning for several days.

Cracked nipples. Some babies suck very vigorously and cause a superficial crack of the nipple. This can be cured by applying a mixture of—

Glycerine of tannic acid 3j
Sulphurous acid 3j

Distilled water ad 3j

to the cracked part after every feed. The acid must be thoroughly washed off before the baby is next fed.

If the crack becomes deeper and bleeds the baby may swallow blood (if a baby vomits blood this is often the reason).

In this case the affected part should be given a rest for 24 hours. After that a nipple shield can be used till the crack is healed.

Wind. If a baby cries after being fed, it is frequently due to the fact that he has pain caused by wind and flatulence, and this is shown by the manner in which he draws up his legs.

It may be prevented by pressing the breasts with two fingers while the baby feeds, so that the milk does not run so quickly, or by giving 2 or 3 teaspoonfuls of boiled water to the baby before he is fed, so that the first pangs of hunger are appeased and he does not take his food so ravenously.

Vomiting. Vomiting in infants may be due to some abnormality of the alimentary tract, such as pyloric stenosis, gastro-enteritis, etc., in which case special treatment is necessary, but the slight vomiting which troubles many babies is usually due to—

(a) Too rapid feeding. Pressing the breast while the baby is feeding, or giving a little water before feeding, will probably cure this.

(b) Too large a quantity at a time. The vomiting is simply an overflow.

(c) It may be due to something indigestible the mother has eaten.

Breast-fed babies are not so likely to be **Constipation**. constipated as artificially fed infants. Oil olive 3ss once or twice a day, or hyd. c. cret. gr. $\frac{1}{2}$ night and morning will usually cure the trouble.

A bottle-fed baby who is constipated may require more sugar in his feeds, or demerara sugar may be used instead of lactose.

ARTIFICIAL FEEDING.

Mothers should always be encouraged to feed their babies unless there is some definite contra-indication such as pneumonia, heart failure, phthisis, mammary abscess, etc., or some condition on the part of the baby which makes sucking impossible, *e. g.* cleft palate.

Such vague reasons as "debility" or the mother's milk "not agreeing" with the baby should not be regarded as serious arguments in favour of artificial feeding.

Breast feeding is better for the mother because it helps the involution of the uterus; it is much better for the baby because—

(a) Breast milk is specially adapted to the baby's needs and possesses the right constituents for his nourishment.

(b) Breast milk is sterile, and therefore—

(c) Breast-fed babies are far less liable to gastrointestinal disturbances than are artificially fed infants.

If it is found that the baby does not get enough milk from the breast, and it is impossible to increase the supply, an artificial feed should be given after the breast feed.

The most satisfactory method of carrying out supplementary feeding is to put the baby to the breast. See that he empties it, and then make up the required amount with artificial food, *e. g.* if a baby should be having 3 oz. at a feed, and is found to be only getting $1\frac{1}{2}$ oz. from the mother, he will need $1\frac{1}{2}$ oz. supplement.

This has been found a better method than giving alternate breast and bottle feeds. The act of sucking stimulates the breast to secrete.

If artificial feeding has to be resorted to **The mixture**, the following mixture has about the same proportions of proteins, fats and sugar as human milk, and babies do very well on it.

It may not suit each individual baby as breast milk would do, and may have to be altered a little, *e. g.* more sugar or less fat may be necessary :

Milk and water . Equal parts.

Lactose . . . 3x to each pint of the mixture.

Cream . . . 3vijj " " "

If cream is not procurable, or not reliable, it can be omitted from the mixture, and cod liver oil 3ss given separately once or twice a day.

The curds in cow's milk are not so easily digested as those in breast milk, and to obviate this difficulty sodium citrate gr. j to 3j can be added to the feed, but is very often not necessary.

Cow's milk has not the advantage which **Preparation of food** breast milk possesses of being sterile, and a simple method of pasteurisation, which, while it kills off the harmful organisms, does not destroy the beneficial properties of the milk, is that in which the Soxhlet (or Eugenic) apparatus is used.

This apparatus (made by Maw & Sons) consists of a tin containing a stand which holds 6 or 12 bottles (according to the size of the tin). A sufficient quantity of the mixture of milk, water, cream and lactose for one feed is put into each bottle, a rubber disc and metal cap fitted on which makes the bottle air-tight, and the stand containing the bottles, with feeds for 24 hours, placed in the tin.

Cold water is put into the tin, up to the level of the feeds in the bottles. The lid is put on and the tin placed on a gas-ring, or fire, till the *water* boils. This means that the milk, etc., attains a temperature of 118° F.

As soon as the water boils the Soxhlet apparatus is taken off the gas, and left, with the bottles in it, for 20 minutes. The bottles are then removed to a cool place and are ready for use when wanted.

By removing the cap and fitting on a rubber teat, each bottle can be used in turn.

Each bottle should be rinsed out with **To clean bottles** cold water immediately after use, then thoroughly washed with soda water and a bottle brush, rinsed out again with cold water to remove any soda and boiled before further use.

The rubber discs must also be boiled, and the teats turned inside out and thoroughly washed after use, boiled once a day and kept in cold water.

AN UNUSUAL TYPE OF FRACTURE OF THE RADIUS.

By ALEX. E. ROCHE, M.B., B.Ch.(Cantab).

 OHN D—, aet. 49, had the lower part of his right forearm laterally compressed by a casting machine for about half a minute on January 22nd, 1923. On examination the same day the whole forearm was found to be very swollen by bruising. Movements at wrist and elbow were unaffected, pronation and

supination being well performed, and attended with little more pain than could be accounted for by the extent of



X-RAY OF FRACTURE (1).



X-RAY OF FRACTURE (2).
(THE CROSS INDICATES A FLAW IN THE PRINT.)

the bruising. The radial and ulnar styloid processes maintained their usual relative level, and on grasping the hand and rotating the forearm, the head of the radius

was felt to rotate with the hand. The dorsal subcutaneous border of the ulna presented no point of tenderness or irregularity, and this bone was therefore absolved from the suspicion of being the seat of a fracture. With regard to the radius, the reasoning was thus: had an impacted fracture of the radius been sustained (which was unlikely from the nature of the accident), the radial styloid process should be raised in comparison with the ulnar styloid process; it was not found to be so raised. If an unimpacted fracture were present, the head of the radius would not rotate with the hand, as it did in the present instance. A greenstick fracture might co-exist with such signs, but the age of the patient and the absence of bending negatived this possibility. No abnormal mobility or crepitus was detected. The radius also, therefore, was pronounced intact. As such reasoning (which we believe to be correct in the large majority of cases) had been recently proved so in a very similar case, the diagnosis of extensive haematoma was made, and the patient treated by applying lead lotion to his forearm, and placing this in a sling.

During a dressing of the forearm twelve days later, when the swelling had much subsided, crepitus was thought momentarily to have been felt, but gentle manipulation failed to re-elicit this sign. Two days later, however, when the swelling had still further subsided, slight bony deformity could be felt on the back and outer side of the radius, two inches above its lower end, and a gentle attempt to elicit crepitus unmistakably demonstrated its presence. The inference was drawn that a fracture of the radius must be present, in spite of the opposing evidence of the maintained normal relationship in the level of radial and ulnar styloid processes, and in spite of the fact that the head of the radius rotated, as before, with the hand. Further, the only possible explanation of these apparent contradictions seemed to be that the fractured surfaces must interlock or dovetail into one another, so that the upper and lower fragments moved as one. Radiography demonstrated that this was the case, and the accompanying print (from a second X-ray photograph taken three weeks later) illustrates the extraordinary type of fracture present—a comminuted one, with the fragments in good position, this desirable condition of things being doubtless the result of the interdigitation of the fractured surfaces coupled with the splinting action of the unbroken ulna. The dark line in the ulna (marked X) is a flaw in the print, not appearing in the X-ray plate from which it was taken. The patient was placed on a Carr's splint, and massage and movements commenced. On March 9th there was no pain or swelling left, and movements were unrestricted.

It is easier to affirm the presence of a fracture from positive signs than to exclude it on negative evidence.

AT THE SIGN OF THE FOUR VESICLES.

FAM the proud possessor of an impressive piece of blue paper. This piece of blue paper tells me that I have visited, on six occasions (four of which have been consecutive), the studio of one of the Great Masters in the art of vaccination. It positively assures me that I have listened to a lucid discussion on the principles and practice of vaccination ; that I have watched the Great Master at work ; and that the Great Master has personally satisfied himself of my deep knowledge of the subject, and of my competence to pass on his flaming torch.

This sternly simple scrap of paper is causing a titanic moral struggle in my breast. Two powerful and opposed impulses strive to guide me.

The first impulse would have me mount the scrap of paper on a large white background, surround it with a narrow black frame, and hang it on my study wall. Then in the long dark evenings I shall be able to soliloquise, standing before my impressive diploma : " Maybe I am a failure as a diagnostician, possibly (as my chief recently remarked) my ignorance of bio-chemistry is only exceeded by my ignorance of general pathology, perhaps my skill with a scalpel may reasonably be likened to the skill of a rhinoceros with a tin-opener, yet, thank God, there is one vista of medicine down which I can march reassured—in one realm no one can question my proficiency. I am an accomplished vaccinator. Here, appended, is the master's signature."

Yet, as I begin visibly to swell with pride, the second impulse makes itself felt, and would have me throw the rubbishy thing into the fire.

I remember my first visit to the Master's studio. Although my directions had been explicit in the extreme I traversed the fifty yards of street seven times before finding the studio door. No electric signs hounded the eager public to the spot, no blatant brass plate indicated the Master's abode. Just a half sheet of note-paper stuck to the window by its four corners with stamp-edging told me that at last I stood before the sacred portals. I pushed open the door, and with a feeling like Stout Cortez on a peak in Darien stared into the dimly glowing gloom. In the cone of light shed by the one small oil lamp sat the Master—in all the glory of one tooth and an L.S.A.

Crouched around him were some twenty keen young students, some balancing on chairs with insufficient legs, others oscillating from tuberosity to tuberosity on a stool such as they use in carpenters' shops, while less bold ones, drawing back as did the Israelites from the shining face of Moses, sat huddled up in their great coats near the door, shading their eyes with peculiar pink-tinted newspapers.

The Master was about to perform the operation which had caused Europe to ring with his fame. A tense, breathless silence pervaded the dust-laden atmosphere. Upon the table lay a small tin box, such as those in which Clarnico caramels are dispensed. The lid was firmly held down (to prevent the entrance of bacteria) by an elastic garter—the identical garter worn by Jenner whilst giving his celebrated address at the City Temple. The Master reverently removed the sacred garter, and took from the box a knife such as one uses to clean a pipe. Beckoning to a waiting mother to come forward and bare her offspring's arm, he adroitly blew on to the knife-blade the contents of a mysterious glass phial. The sparkling drop of fluid lay balanced on the knife-blade, while, with the skill attained by long years of practice, the Master made four small incisions into the skin of the weeping infant's arm. Then, turning the flat of the blade on to the bleeding area, the vital fluid was mingled with the scarlet flow. Diving again into his magic box the Master produced a small square of brown, gummed paper. Moistening this in his glass of water he placed it over the wound. From the wall a print of the picture Mona Lisa smiled down her enigmatic smile. "That is all," quoth the Master. We breathed again. The child wept again. The mother retreated into the gloom and was no more.

It was not all. Taking a plug of cotton-wool from the magic box, the Master transfixed it with a tooth-pick. Taking a small bottle of methylated spirit he carefully let two drops fall on the wool. This he ignited (strange to say, with the aid of a prosaic safety match). As the spirit blazed he held his knife over the flame. Doubtless the Master knew of the high conductive power for heat possessed by Sheffield steel, yet he carefully inverted the knife, so that each side of the blade was, in its turn, held directly over the flame.

This process was to ensure the sterility of the blade.

I have now been permitted to drink in the wisdom of the Master on six occasions (four of which were consecutive). I have heard of arm-to-arm vaccination in England and calf-to-calf vaccination in Paris. I have heard lengthy statistics from the returns of the Registrar-General. It has been breathed to me that there are opponents to vaccination. I know that the Master cannot understand how cultured people can hold such views. I have learned how to sleep on a three-legged chair. I know the advantage of a blunt knife over a " bleeding lancet."

It is a notorious fact that the greatest minds find it difficult to descend to the level of ordinary mortals. The Master is no exception. As I look at my blue paper I wonder just why it is that we vaccinate people? What is the sparkling liquid that the Master handles with such reverence, and where does it come from? What does it do when it enters that particular skin area " over the

insertion of the deltoid muscle"? Possibly these are a few points that the Master forgot to elaborate.

"Mona Lisa" still smiles that enigmatic smile. Anyway, I have paid my one and a half guineas.

R. B.

THE NIGHTMARE OF THE BACTERIOLOGIST.

[*After the manner of the Writers of Vers Libre, and dedicated in admiration to Dr. Mervyn H. Gordon.*]

I am the Mighty Hunter of the Ubiquitous Streptococcus.
Yesterday I discovered the Three Thousandth
Five Hundred and Sixtieth
Variety.

* * *

Last Night, I dreamt I was pursuing
A Colony of Streptococci,
Up the Precipitous Slopes of Agar, stained with my blood.
Breathless and bleeding, I toiled after them.
Suddenly I came upon them
Taking counsel together,
And their Leader was speaking :
" Tell—O Little Brother—
How thou didst fool the Mighty Hunter."
The Short-Chained One answered, and his voice was
Full of Pride.
" O Lord, I did as thou commandedst me.
Raffinose I fermented but the Mannite I sent empty away."
" Thou hast done well; and was the Mighty Hunter
deceived?"
The Reply was drowned in Laughter
And in the clanking of Chains.
Long and short, they held me in derision.
Then his voice rang out again,
" Tell, O Keeper of the Records,
How many Permutations and Combinations
Have we left?"
Then the Voice of the Keeper of the Records gave answer:
" Should the Mighty Hunter find one new Combination
every day.
Then we shall keep him occupied
Till he shall die."
I could restrain myself no longer and I cried :
" Know, O Wily Streptococcus, that I have discovered
The Secret of Thy Metamorphosis."
There was a sudden, awful silence.
Then the voice of the Leader sounded like a Clarion Call :
" He must not reveal our Secret, O Streptococci ;
Let his end be swift and terrible."

Silently they fell upon me.

I felt them burrowing through my flesh
Searching hungrily for my Capillaries.
Then the Dread Voice rang out again like Crack of Doom:
" Take on the form of Him whom the Mighty Hunter
In his far-seeing wisdom and his hybrid Greek
Calleth Pyogenes."

Then came the Yell of the Beasts
Like Hounds in full cry ;
From the Depths of My Body came their strange, terrible
Cry,

" We come, O Mighty Hunter,
Pyogenes, Pyogenes ! "

* * *

To-day
I discovered
The Three Thousand
Five Hundred and Sixty-Fifth Variety.
I am indeed the Mighty Hunter of the Wily Streptococcus.

D. V. H.

STUDENTS' UNION.

ANNUAL GENERAL MEETING.

The Annual General Meeting of the Students' Union was held in the Medical and Surgical Theatre on Friday, March 16th, the President, Dr. J. H. Drysdale, being in the Chair. There was a crowded attendance of students and members of the Resident Staff.

The Treasurers' Report, read by Mr. Vick, showed the Union to be on a sound financial basis, and ready to meet any reasonable demands made upon it, in the interests of the students and their clubs.

The Annual Report of the Council, read by Mr. Holdsworth, proved to be a full and fair account of the work of the Council, and of the activities of the various clubs, during the past year.

The result of the elections to the Council were read out, as follows :
Constituency A.—A. Carnegie-Brown, D. G. Martin, D. Diamond,

R. W. H. Tincker, B. A. J. Mayo.

Constituency B.—J. H. Attwood, L. C. Neville.

Constituency C.—A. E. Roche.

Dr. J. H. Drysdale, having been nominated by the College Committee for re-election as President, his name was formally proposed and seconded, and he re-entered the chair amid great acclamation.

Mr. Girling Ball and Mr. Vick were re-elected as Hon. Treasurers, and Mr. W. Holdsworth as Senior Secretary of the Students' Union Council for the ensuing year.

The question of the students partaking in another "Fleet Street Week" endeavour was submitted to the meeting for discussion. It was unanimously decided that students would help the effort as far as they were able.

ABERNETHIAN SOCIETY.

A General Meeting of the Society was held at 8.30 p.m. in the Medical and Surgical Theatre, at which Mr. Edmund Gosse spoke on "Medicine and Literature in the 17th Century."

In the course of a graceful reference to Abernethy, Mr. Gosse remarked that in view of the rather hostile attitude of the world of literature in the 17th century to the medical profession he had some diffidence in addressing the Society! Dramatists, however, were the worst offenders, and except for Philip Massinger, hostility to the medical men of their day was common to them all—Molière alone wrote five plays embodying this attitude.

Medicine was then theoretical—a matter of intensive reading rather than clinical observation; and further, as few medical

books were published otherwise than in Latin, it was the province only of those with some pretensions to classical training. Linacre's translation of Galen was rendered in Latin; both Harvey and Sydenham wrote their famous works in the same language. Nicholas Tulle denounced the use of any other medium of expression in matters medical. Thus did medicine strive to guard its secrets 300 years ago. In spite of this general tendency there were some very notable exceptions, and to four medical men of the 17th century literature stands deeply indebted.

The first of these, Thomas Lodge, seven years the senior of Shakespeare, was perhaps one of the earliest English *literateurs*. Private lives in those times were not eagerly studied by the reading public but we know that he was the son of a Newgate Street grocer, and that it was at Oxford University that he established his reputation as a poet—a most original poet.

At 28 years of age he accompanied a buccaneering expedition to the Azores and the Canary Islands, probably as ship's surgeon. On his return he continued his literary work, then chiefly of a romantic nature; his *Rosalind* formed the basis of Shakespeare's "As You Like It." Another romance followed a free-booting expedition with Cavendish to South America; it was written in Patagonia, but not a spot of local colour did *Marguerite of America* contain! After several such adventures he settled down in practice in Old Warwick Lane, where he was known as "Old Doctor Lodge"; and here he wrote, in English, *A Treatise of the Plague* and *The Poor Man's Talisman*—the latter for the personal use among her tenants of Anne, Duchess of Arundel.

In 1605 was born Sir Thomas Browne. We are told that he used to "simple"—that is, gather herbs—in the lanes round his home in Cheapside. A little later, while still a youth, he began to practise medicine, without a degree, near Oxford. He was an omnivorous reader of medical and other literature, but Galen and Hippocrates were his favourites. There were no medical schools in England, so we find him, like most medical students of his time, wending his way to Montpellier (for a hundred years previously the Mecca of medical men); from there to the Anatomy School at Padua; and finally to the famous Chemistry School at Leyden, where van Helmont was then lecturing. On his return he set up in practice at Halifax.

His defence of philosophic doubt, the *Religio Medici*, was published in 1636, in English. His main argument is that to the orthodox scepticism is perfectly justifiable—in view of Galileo's fate such a proposition was at least daring. Like Michael Faraday in a later century, he kept his religion and his science in watertight compartments. The book does not wholly confine itself to philosophy and science, for its author includes some delightful personal reminiscences.

Like Thomas Lodge, John Locke went to Oxford, where at the early age of 18 he was appointed a Greek Lecturer. His continental medical training was much the same as that of Sir Thomas Browne. He was successful in finding the location of the "Astrop Waters" near Oxford, and by his further beneficial treatment of Lord Ashleigh (afterwards Earl of Shaftesbury) he was appointed his personal physician and confidant; both official and unofficial post he kept to the end of his life.

Locke's world-wide reputation makes any critical reference to his works unnecessary; but perhaps few people know that not only was he a personal advocate of temperance, but he was modern enough to insist on the importance of proper diet, fresh air and suitable exercise. His most famous operation was the successful removal of a tumour of the breast from his patron, Lord Ashleigh.

The poet Samuel Garth went to Cambridge for his medical training. He was famous for his elegant manners and style. While still a young man he found himself in the thick of the dispute between the apothecaries (who sold drugs) and the doctors (who only prescribed them). As a result of this contest the College of Physicians decided to give free consultations to the poor, and a fund to provide for their treatment was inaugurated. He also won fame for his Harveyan Oration; and though nowadays his work, *The Dispensary*, would be considered to be well loaded with mock heroics, it was then considered a classic of the utmost worth.

In proposing a vote of thanks to the speaker, Sir D'ARCY POWER mentioned the fact that surgical text-books had for many hundred years previously been written in the vernacular. Mr. VICK seconded the vote of thanks in his usual inimitable manner. Mr. GOSSE having briefly responded, the meeting was declared closed.

RUGBY FOOTBALL CLUB.

HEARTY congratulations to the Assistant Hospitaller—who has frequently turned out for Bart.'s this season—on securing another vassal in the precincts of the Hospital. Nurse SELICKS used to live at Oxford near the college which he captained on the rugger field.

The Annual "Rugger" Dinner was held at the Manchester Hotel on March 1st. Mr. VICK was in the Chair. There were many rugger enthusiasts present. A highly enjoyable evening was spent.

The increasing popularity of the Rugby Code in the Hospital has necessitated the authorities looking round for another ground, as Winchmore Hill can hardly cope with four rugger teams, two soccer teams and one hockey team.

The 1st XV have won 15 matches, lost 6, drawn 2.

"A" XV have won 10 matches, lost 5, drawn 1.

"B" XV have won 13 matches, lost 6, drawn 3.

"C" XV—report not to hand.

Total points for the Hospital 1014 against 414.

At the Annual General Meeting of the Rugby Football Club the following officers were elected for the season 1923-24:

President.—Dr. J. H. Drysdale.

Vice-Presidents.—Mr. W. Girling Ball, Mr. T. H. Just, Mr. H. E. G. Boyle, Mr. Reginald M. Vick.

Captain.—George W. C. Parker. *Vice-Captain*.—A. Carnegie-Brown.

Hon. Secretary.—P. O. Davies. *Hon. Treasurer*.—J. L. T. Davies.

Selection Committee.—A. W. L. Rowe, Wilfrid F. Gaisford.

Captain 2nd XV.—H. Royle. *Hon. Secretary*.—J. D. Allen.

Hon. Secretary "B" XV.—R. R. Fells.

ST. BARTHOLOMEW'S HOSPITAL v. KING'S COLLEGE.

The Hospital defeated King's College in the second round of the Hospitals Cup by one goal and three tries (14 pts.) to one try (3 pts.).

King's, however, made a plucky fight of it, and had their forwards been better supported outside the scrum the score might have been very different at half-time. During the first half Bull, Knox, Elphick and Cove-Smith were a constant source of danger to the Bart.'s defence. King's, however, were nonplussed when the ball came out of the scrum. Their three-quarters lacked skill and experience in cutting out openings, though they tackled well at times.

After King's had pressed for a short time, an excellent bout of passing resulted in a try. McGregor swerved between the opposing centres and passed to Neville. Gaisford converted. Just before the interval bad marking in the line-out enabled Collins to score for King's.

The Bart.'s forwards improved considerably after half-time. Beith and Carnegie-Brown were often prominent. Improved heeling gave the backs more opportunities. Neville soon scored again, following a nice bout of passing and a cut-through by McGregor. The next try was the outcome of a fine breakaway from the line-out by Row from half-way. He ran well and transferred to Beith, who showed a good turn of speed and a clean pair of heels to those in pursuit. Neville scored his third try just before the end after a dribble over the line.

The King's pack played a sterling game and fought to the end, but their defeat was due to lack of finesse on the part of their three-quarters and the new life the Bart.'s forwards put into the game after changing sides. Cooper had to retire during the second half owing to a sprained ankle.

Teams.—King's College Hospital: H. Rayner, *back*; J. P. Thyne, B. E. Abrens, H. C. Edwards, J. L. Livingstone, *three-quarters*; L. S. Wakeley, C. J. Farf, *halves*; J. Leach-Brown (Capt.), R. Cove-Smith, A. G. Bull, H. N. Knox, H. A. Cooper, H. N. Elphick, F. M. Collins, R. H. Yelf, *forwards*.

Bart.'s: W. F. Gaisford, *back*; M. G. Thomas, P. O. Davies, H. McGregor, L. C. Neville, *three-quarters*; H. Savage, M. Fitzgerald, *halves*; A. Carnegie-Brown (Capt.), A. G. Beith, J. W. Butterly, A. B. Cooper, W. S. Morgan, M. L. Maley, E. S. Vergette, A. W. L. Rowe, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

At the Richmond Athletic Ground on Thursday, March 1st, Bart.'s had to fight hard to beat St. Thomas's in the semi-final of the Hospitals Cup.

In the end the Hospital won by 1 goal 1 try (8 pts.) to nil.

G. W. C. Parker (Capt.) was still laid up and unable to turn out. The play was largely confined to the forwards, where the tussle was very keen and lively for eighty minutes, Bart.'s excelling in scrummaging, Thomas's being slightly superior in the open—particularly in the line-out. To an observer it appeared oftener than once that a scrum should have been adjudged, as the initial burst from the line-out was due to a "knock on."

The first try was scored after twelve minutes' play. Davies picked up in the loose, after a scrummage, and transferred to Neville, who shook off one or two men and ran resolutely to score a try. Gaisford converted. It was not until the last minute of the game that the Bart.'s three-quarters demonstrated their superiority in speed and passing. Games received from a scrum near halfway and passed to P. O. Davies. The ball travelled across the field to Neville, who ran round Churcher, the full back, at full speed. It was a fine ending to a beautiful bout of passing. In the interval between these tries Thomas's forwards played a hard game and continually pressed—in fact they had more of the game from a territorial point of view. They were met, however, by a keen and sound defence. Though their forwards played a superb game there was an appalling lack of skill and technique amongst the three-quarters. O'Malley, perhaps, was the best man. He, however, spoilt his display by continual offside tactics—for many of which he was penalised by the referee. Though addicted to audacity and possessing a trial cap for Ireland, he was closely shadowed by Games, who played a plucky game, and frequently, though small in stature, bored his way through the opposing forwards.

Gaisford hardly made a mistake at full-back—kicked with fine length and fielded admirably. The tackling on both sides was keen. Thomas, who was suffering from leg trouble, received in the Wales-France international, was hardly himself, though he frequently tackled well. Davies was sound and tackled well, but has been seen to greater advantage in making openings. Neville showed a fine turn of speed. Pittard played extraordinarily well, coming in at the last moment for Morgan. Beith—in his customary cup-tie mood—hooked well and figured prominently. Carnegie-Brown played his usual harassing game, and was well supported by Cooper, Rowe and Vergette. For Thomas's, Archer, Walsh and Patterson were always prominent. Churcher at full-back was generally sound. The three-quarters were weak. O'Malley would have been still more useful and laudable if he had not infringed so frequently.

Referee: Mr. E. W. Calver.

Teams.—St. Thomas's: J. C. Churcher, *full back*; C. P. Bester, S. Farquharson, L. Lawn, **J. H. Gibbons, three-quarters*; C. J. O'Malley, A. N. Miller, *halves*; H. S. Allen, E. C. Archer, T. G. Walsh, H. R. Patterson, J. W. Lys, C. B. S. Fuller, J. Russell, T. F. Briggs, *forwards*.

Bart.'s: W. F. Gaisford, *full back*; W. Moody Jones, M. G. Thomas, H. McGregor, L. C. Neville, *three-quarters*; G. D. Games, P. O. Davies, *halves*; A. Carnegie-Brown (Capt.), A. E. Beith, J. W. Buttery, A. B. Cooper, M. L. Maley, T. J. Pittard, A. W. L. Rowe, E. S. Vergette, *forwards*.

ST. BARTHOLOMEW'S HOSPITAL v. GUY'S.

Bart.'s met Guy's at Richmond on March 14th for the fourth time since the war in a final round of the Hospitals Cup tie. It was a terrific combat from beginning to end. It was tackling that dominated the play. Not a man on either side spared himself any more than an opponent—and to some it seemed little short of wonderful that only two men were hurt in this gruelling game. Albertijn had to leave the field after twenty-five minutes. Moody Jones, who injured his knee in the first few minutes, was practically a passenger throughout the game. We understand he is still in the wards and unlikely to turn out again.

Bart.'s kicked off against a slight breeze which blew across the ground. Guy's were the first to press, but could not drive home any of their efforts. Van Schalwijk elected to kick into touch every time he received the ball. It was not a great day for a wing three-quarter. It is curious that Guy's, with one of the best three-quarter lines in the country, should have refrained from a few attempts at passing. Possibly they decided that M. G. Thomas, McGregor and Davies were not receiving advertised dummies. After a few minutes' pressure Gaisford neatly saved an ugly situation by a good kick into touch. The duel amongst the forwards was very keen for possession, Guy's being slightly better at heeling in the loose scrums and Bart.'s excelling in the light scrums. Guy's came back again, and this time

Parker saved. By a series of kicks into touch Bart.'s worked into the Guy's "25" but were driven back by long kicks into touch by Albertijn and Schalwijk. No attempt at a break-through or even a dummy as yet. P. O. Davies saved neatly by eluding a few forwards, and after giving Albertijn and Schalwijk the dummy, kicked near the half-way line, where a Guy's three-quarter was caught in possession. Prior to this the Bart.'s right wing nearly allowed Guy's to score, but a timely kick by Gaisford—who was playing a perfect game—saved the situation. A few moments later Thomas tackled Albertijn—a fraction, a mere fraction of a second after he had parted with the ball. He was travelling so powerfully that it was impossible to avert a tackle; again he must have been fully conscious that he was about to tackle a centre who gives more "dummies" than any three-quarter playing football; this in itself gives added impetus to tackle one who is so prone to selling the dummy. It was unfortunate that Albertijn had to retire and become a spectator. Cameron was then taken out of the pack and Mostert reverted to centre three-quarter.

For the remainder of the first half Bart.'s did most of the pressing. The Bart.'s forwards were breaking up quickly and watching Bekker and Schalwijk very closely. A pass from Davies to McGregor looked like success. McGregor swerved round Steyn but did not quite gather the ball, otherwise he would have drawn first blood. The Guy's forwards, aided by Schalwijk's kicking, again cleared their lines. Repeatedly Gaisford found touch beautifully, but Bart.'s never turned it to full account. There was no score at the interval.

Bart.'s began the second half well, their forwards profiting by the many mistakes of the Guy's backs. Davies, Gaisford and Parker in turn kicked well, but still no score. Games once broke through the Guy's forwards and very nearly scored after a great effort. Guy's attacked in turn, aided by good forward rushes and repeated attempts by Bekker to break through the barrier. Once or twice they tried passing movements, but a kick into touch was usually the outcome. The ding-dong fight had proceeded for seventy minutes. At this time nothing looked more likely than a draw. But the unexpected happened. During a brief pressure the ball came out to Bekker, who dashed round the blind side to dive over for a try. Bart.'s were caught napping and it lost them the match. The kick at goal failed. A mighty effort was made to save the game. Davies relieved and found touch just outside the Guy's line. In the last six momentous minutes three incidents occurred which, attended with little smile from Dame Fortune, might have saved the game and even won the match. Davies, receiving from Games, attempted a drop at goal. It was a good attempt and not very far off. A little later Gaisford tried to kick a penalty goal at thirty yards' range, and about mid-way from the touch-line. The wind was adverse. It was a splendid kick. The direction was good, but brutal Boreas deflected the flight—a foot outside and above the post. The third incident: A race ensued between Neville and Trick for the ball, with Steyn gaining ground a little behind. Trick kicked into touch, not far from the Guy's line. It was a Bart.'s touch. There were several Bart.'s forwards up; only two Guy's men. The throw-out was delayed till a general line-out was formed. Had the ball been thrown out immediately something might have happened. Guy's again attacked with a smart bout of passing near the touch-line, which was checked by good tackling. The final whistle went. The "good thing" for Guy's had nearly come to grief. Mr. Vile had the game under wonderful control from the beginning to the end. All the Bart.'s men played their hardest; the same is applicable to our friends from Guy's. We congratulate them on their victory and securing the cup for the twentieth time.

Referee: Mr. T. H. Vile (W.R.U.).

Bart.'s o, Guy's 1 try (3 pts.).

Teams.—Guy's: S. R. Trick, *back*; G. Mostert, C. L. Steyn, P. K. Albertijn (Capt.), H. Finnemore, *three-quarters*; F. Bekker, J. G. Van Schalwijk, *halves*; G. C. Cameron, W. Doherty, H. Fornaker, E. Leser, B. G. Schofield, W. H. Taylor, N. Holloway, G. Zondagh, *forwards*.

Bart.'s: W. F. Gaisford (Bristol Grammar School), *back*; W. Moody Jones (Cardiff), M. G. Thomas (Wales), H. McGregor (Cardiff), L. C. Neville (St. Paul's School), *three-quarters*; J. D. Games (Blundell's), P. O. Davies (Trinity College, Cambridge), *halves*; G. W. C. Parker (Capt.) (Christ's College, Brecon), A. E. Beith (Llandovery College), H. G. Anderson (St. Bees), A. Carnegie-Brown (Cambridge), A. B. Cooper (St. Paul's School), A. W. L. Rowe (Oxford), E. S. Vergette (Secretary) (Clifton), T. J. Pittard (Cardiff), *forwards*.

ASSOCIATION FOOTBALL.

SEMI-FINAL INTER-HOSPITAL JUNIOR CUP.

ST. BARTHOLOMEW'S HOSPITAL 2ND XI v. U.C.H. 2ND XI.

Played at Perivale on February 14th, the fog was very thick, but did not prevent the game, which did credit to the Hospital's soccer.

From the beginning Bart.'s team had the upper hand, and in a few minutes Wroth scored. In the first half most of the game was in front of the U.C.H. goal. Watson scored and then Mailer with a long shot. Watson again got the ball, and after some good dribbling scored the fourth goal. By this time the crowd of four spectators (as at the Senior Cup 1st round) was getting quite excited. Four goals in the first quarter of an hour were quite sufficient, but Mailer and Watson were not satisfied, and each put in another, both these being from good centres by Owen, known by his red stockings, and hair. In the second half, Clark, not having shared in the scoring, determined to add to it, and scored twice, Watson and Mailer also scoring again. McMenamin, who captained the team, played in fine style. Asker played his usual game: it needs no addition. Towards the close of the game the fog became thicker, and the right wing, after a splendid run down the field, missed the goal and nearly lost himself in the gloom.

Result: Bart.'s 10, U.C.H. 0.

REVIEWS.

MANUAL OF OPERATIVE SURGERY. By H. J. WARING, M.S., F.R.C.S. Fifth Edition. (London: Henry Frowde & Hodder & Stoughton.)

We deeply regret that in our review of this book published last month we made a most unfortunate mistake. In saying that there was no account of the operation for the removing of the medial meniscus of the knee we were in error. An excellent account of the operative procedure appears on page 644.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. LVI, Part I. (London: John Murray.) Pp. 94. Price 7s. 6d.

This volume was briefly referred to in our "Editorial" last month. It consists wholly of original articles, with no statistical matter.

The first paper embodies the "Journal of a Visit to Paris in 1664," by Edward Browne, some time Physician to St. Bartholomew's Hospital, and son of the author of the *Religio Medici*. It is edited by Mr. G. L. Keynes. Apart from its general interest, there is much to interest a doctor, particularly the diarist's account of his own illnesses. We like the description of the hangman as "a Gentle blade."

The bulk of the volume is taken up by five of the lectures delivered last year under the auspices of the Professorial Units on "Diseases of the Liver." Of these the first and most important is that by Sir Humphry Rolleston on the "Physiology of the Biliary Secretion." All who heard the original lecture must have felt that vast new vistas were being opened up to them, which they must wish to contemplate at their leisure, if not to explore. All such will appreciate the opportunity of reading carefully a masterly review of the present position of the subject. There is a valuable bibliography at the end. The second lecture, that by Sir Frederick Andrewes on "Jaundice," covers part of the same ground in more detail. The different theories of the origin of jaundice are very lucidly discussed. Prof. Fraser, in his article on "Enlargement of the Liver as a Symptom," reviews his subject by analysing thirty-two cases in which the symptom was present. Dr. Thursfield deals with "Jaundice in Children from the Clinical Standpoint." It is interesting that he says, with regard to the aetiology of *icterus neonatorum*, "I believe that I am justified in stating that no credible hypothesis has yet been promulgated." The last lecture is that by Dr. T. H. G. Shore on the "Pathology of Acute Degenerations of the Liver." The forms of toxic jaundice familiar since the war are those mainly discussed.

Finally there is a valuable paper by Dr. R. R. Armstrong on the "Correlation of Clinical Manifestations and Serological Types in Pneumococcus Infections."

On the whole the matter in this issue is of good augury for the future of the *Reports*. If Bart.'s men will support the Editors by subscribing to the *Reports*, and, still more, by contributing suitable articles, there is no reason why they should not attain to a position which they well might hold, but assuredly have not held within recent years.

A SYNOPSIS OF MEDICINE. By H. LETHBY TIDY. (Bristol: John Wright & Sons, Ltd. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd.) Third Edition, revised and enlarged. Pp. xv + 985. Price 21s. net.

It is less than a year since we reviewed the second edition of this work. In this edition there are new articles on veronal poisoning, cocaine poisoning, Vincent's angina, cyclical vomiting, coeliac disease and sprue; on the physiology of digestion, on sensory and motor tracts and on renal efficiency tests. Several other articles have been re-written. There is an appendix dealing with insulin, fractional test meals, van den Bergh's test and Bayer 205. The habit of adding an appendix as a sort of "stop press" column to works of this kind seems to be spreading, and appears to us very pernicious. It is impossible to preserve a sense of proportion if work still in the experimental stage is seized upon and immediately given the semi-official stamp of incorporation in a text-book. In this case the paragraph on van den Bergh's test gives a totally erroneous impression of the value of the test. Elsewhere (pp. 29 and 33) it is wrongly stated that *B. paratyphosus C* is not agglutinated by para B serum, and that *B. suis* and *B. Aetrvyc* are the same organism. A misprint on p. 452 conjures up a terrible picture of "alcoholic family jaundice" (*sic*).

After these small criticisms let us confess that we have used the book freely during the last year and that our opinion of its usefulness has steadily risen. It gives a valuable bird's-eye view of any subject where this is required rapidly, and its very size protects it from abuse by the student who likes to be spoon-fed with pre-digested medicine.

NOTES ON RHEUMATISM AND GOUT. By DOROTHY C. HARE, C.B.E., M.D., M.R.C.P. (London: The Scientific Press, Ltd.) Pp. 71. Price 1s. 3d. net.

This small book has chapters on acute rheumatism, arthritis, muscular rheumatism and gout. It is written in non-technical language, and is intended to give the lay mind a clearer idea of the conditions confused under the term "rheumatism." This is done well. The book would be worth while if only to help in spreading knowledge of the terrible sequels of neglected "subacute rheumatism" in childhood.

THE COLLOIDAL STATE IN ITS MEDICAL AND PHYSIOLOGICAL ASPECTS. By Sir WILLIAM M. BAYLISS, F.R.S., M.A., D.Sc., LL.D. (London: Oxford Medical Publications. Henry Frowde & Hodder & Stoughton.) Pp. 95. Price 6s. net.

This little book, simply and clearly written, is the best work we have yet seen on the colloidal state. It will be an excellent monograph for students who are lost in the maze of a difficult subject. As the author states in his preface, the book is neither one on the physics nor on the chemistry of colloids, but tries to include both. We believe he has succeeded in his attempt.

MEDICAL SCIENCE AND REVIEWS. Published for the Medical Research Council by Humphrey Milford, Oxford University Press. Price 3s. net per copy. Annual subscription 30s. post free. October and November, 1922; January and February, 1923.

The October issue—the first of a new volume—contains an extensive and comprehensive review of the diseases of the blood and an article on diphtheria, together with the usual abstracts—surgical, neurological, bacteriological, bio-chemical, radiological and electro-logical.

The long articles in the November issue are on tuberculosis, the work of Magnus and his collaborators on the nervous regulation of posture and its bearing on some modern neurological problems, and on the d'Hérelle phenomenon.

In January, 1923, the reviews are on gonorrhœa, dysentery and post-operative jejunal ulcer, whilst in February, 1923, we have diabetes mellitus, mumps, and diseases of the skin.

PRACTICAL PHYSIOLOGY. By E. P. CATHCART, D. NOEL PATON and M. S. PEMBREY. (Arnold & Co., 1922.) Price 18s. net. (And in 2 vols., chemical and experimental separately, 10s. 6d. net each.)

This book is a new one and therefore calls for some more detailed

notice. The volume is divided into two parts; the first contains Experimental Physiology, Elementary and Advanced, by Profs. Noël Paton and Pembrey respectively; the second, Chemical Physiology, by Prof. Cathcart. Recommendation of the book must be affected, as in the case of most practical physiology text-books, by the fact that each school of physiology has its own system for such work, and this is usually arranged to fit in with a course of lectures—a consideration which localises at once the field of service of any book. Apart from this, however, one may make some remarks about the book itself.

Prof. Noël Paton's section is of the catechismal type, but unlike the catechism, it leaves its questions unanswered. This may stimulate a few students to read up the subject in some other book, but one cannot help thinking that as a general principle this method involves the greater obscurity in the greater number, and is, therefore, unsatisfactory.

The advanced physiology is more attractively treated than the elementary, but the chemical physiology is, perhaps, the best part of the book.

Illustrations and graphic records are numerous, which is one of the advantages of the book. In lighter vein are the diagrams of frogs on pp. 31, 39 and 63, which look like no terrestrial animals one has ever seen.

ELEMENTS OF PHARMACY, MATERIA MEDICA AND THERAPEUTICS.
By Sir WILLIAM WHITLA, M.P., M.D., D.Sc., LL.D. Eleventh Edition. Cr. 8vo. (London: Baillière, Tindall & Cox.) Pp. x + 678. 22 Figures. Price 10s. 6d. net.

APPLIED PHARMACOLOGY. By A. J. CLARK, M.C., B.A., M.D., F.R.C.P. (London: J. & A. Churchill.) Pp. viii + 390. 46 Illustrations. Price 15s. net.

The two books we review here form an interesting contrast. Whitla's *Pharmacy, Materia Medica and Therapeutics* is entering on its eleventh edition, and the forty-second year of its existence. Clark's book on *Applied Pharmacology* is published for the first time. Comparison is difficult in that the two books have manifestly different aims. Whitla is too well known to need elaborate description; the alterations since the last edition have been only in details. The first three parts on Pharmacy, the administration of medicines and materia medica are well arranged and of great value to every student. Any disparaging remarks we may make about the latter part of the book must not be taken as detracting from the proven value of the work as a whole. But the therapeutical section shows in many places a lamentable lack of criticism. Statements as to the value of many drugs, particularly unofficial ones with weird and wonderful names, are made with no suggestion to the reader as to which he may rely on and which are practically untried.

Prof. Clark's book on *Applied Pharmacology* seems to us to represent a great stride forward. The book is redolent of the healthy scepticism which is everywhere pervading modern medicine. The book should be read by every senior student, even more by every house-physician, and, if we dare suggest it, still more by practitioners and consultants who believe that the drugs they give their patients do what they are alleged to do. The reader will learn with what unjustifiable optimism he is acting when he airily prescribes an intestinal antiseptic or the extracts of most endocrine glands. He will also learn what percentage of worms he can hope to kill with the anthelmintic he uses, and the scientific basis of his use of salvarsans. The book is up-to-date; we find discussed the use of quinidine in auricular fibrillation, the various modifications of organic arsenical compounds, Bayer 205, the unsaturated fatty acids introduced by Sir Leonard Rogers, insulin and other things which Whitla does not mention. There are instructive chapters on vitamins, the pharmacological action of radiations, immunity reactions, and the pharmacological action of the products of protein breakdown.

Much valuable work is quoted throughout the book, but the author gives us comparatively few references in his bibliographies. We hope these will be more complete in his next edition.

May we repeat that every therapist with any regard for Science in him should read Clark's book. And the rest, who are the slaves of empiricism, let them stick to Whitla!

THE DOSAGE TABLES FOR DEEP THERAPY. By Prof. VOLTZ. Edited by REGINALD MORTON. (W. Heinemann, Ltd.) Pp. x + 98. 10s. 6d. net.

The tables in this book are those compiled by Prof. Voltz. With regard to the letterpress, Dr. Morton claims to have presented the

ideas accurately without what he terms "the rather cumbersome German method of expounding." Actually this has led to a certain number of inaccuracies. Personally, I am able to understand the German method of expounding better than Dr. Morton's. However, all this does not detract from the value of the tables, and it is useful to be able to obtain them in this country, even if the price is much higher than that of the German version. In a recent visit to Germany I noted a great tendency to give up using the tables in favour of direct measurements made on the particular apparatus in use under conditions more nearly approaching those actually existing in the human body, but the tables are, nevertheless, extremely valuable as giving one an idea of the relative amount of radiation received at different depths from one port of entry.

N. S. F.

Brockbank's *Diagnosis and Treatment of Heart Disease* recently reviewed in these columns is published by H. K. Lewis & Co., London.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ADAMSON, H. G., M.D. "Case of Multiple Superficial Rodent Ulcer; possible Embryonic Sweat-duct Origin." *Proceedings Royal Society Medicine*, January, 1923.

BALL, W. GIRLING, F.R.C.S. "Some Cystoscopic Appearances in Tuberculosis of the Urinary Tract." *British Journal of Surgery*, January, 1923.

BATTEN, RAYNER, M.D. "Calcareous Degeneration of the Eye, with Deposits on the Iris." *Proceedings Royal Society Medicine*, January, 1923.

BERRY, JAMES, F.R.C.S. "The Progress of Surgery and the Rise and Fall of Surgical Operations." *Ibid.*

BROWN, W. LANGDON, M.D., "The Problems of Asthma." *Ibid.*

CAUTLEY, EDMUND, M.D.(Cantab.), F.R.C.P. "The Pel-Ebstein Type of Hodgkin's Disease." *British Journal Children's Diseases*, October-December, 1922.

CLARKE, A. J., M.C., B.A., M.D., F.R.C.P. *Applied Pharmacology*. London: J. & A. Churchill.

COCKAYNE, E. A., M.D.(Oxon.), F.R.C.P. "Asthma." *Clinical Journal*, January 24th, 1923.

DAVIS, HALDIN, M.B., F.R.C.S. "Case of Scleroderma." *Proceedings Royal Society Medicine*, January, 1923.

— "Case of Angiokeratoma." *Ibid.*

DONALDSON, MALCOLM, F.R.C.S. "The Diagnostic Significance of Uterine Haemorrhage." *Practitioner*, February, 1923.

DUNDAS-GRANT, Sir JAMES, K.B.E., M.D. "Case of Epithelioma of the Right Half of the Fauces treated by Diathermy." *Proceedings Royal Society Medicine*, January, 1923.

— "Case of Acute Suppuration in one Ear subjected to Early Operation on Account of Complete Deafness of Opposite Ear." *Ibid.*

— "Case of Tuberculosis of the Larynx, with Demonstration of Instrument for Sunlight Treatment." *Ibid.*

— (and J. J. PERKINS, M.B.) "Case of Papillomata of the Trachea." *Ibid.*

GILLIES, H. D., C.B.E., F.R.C.S. "Case of Depressed Bony Bridge of Nose." *Ibid.*

— "Depressed Fracture of Nasal and Associated Bones." *Ibid.*

— "Case of Depressed Fracture of Nasal Arch." *Ibid.*

GRIFFITHS, H. ERNEST, M.S., F.R.C.S. "Hunterian Lecture on the Relation of Disease of the Gall-Bladder to the Secretory Function of the Stomach and Pancreas." *Lancet*, February 10th, 1923.

NAPIER, L. E., M.R.C.S. "The Treatment of Kala-Azar by Stibenyl." *Lancet*, February 10th, 1923.

POWER, Sir D'ARCY. "Eponyms. VII. Percival Pott: His own Fracture." *British Journal of Surgery*, January, 1923.

PYBUS, FREDERICK C., M.S., F.R.C.S. *The Surgical Diseases of Children: A Handbook for Students and Practitioners*. London: H. K. Lewis & Co.

REECE, RICHARD J., C.B., M.D., M.R.C.P., D.P.H. "An Address on Progress and Problems in Epidemiology." *Lancet*, February 10th, 1923.

RIDOUT, C. A. S., M.S. "Case of Laryngectomy following Thyrofissure." *Proceedings Royal Society Medicine*, January, 1923.
 — "Specimen of Carcinomatous Larynx removed by Laryngectomy." *Ibid.*
 — "Parts removed Post-mortem in a case of Tracheal Obstruction." *Ibid.*
 RIVIERE, CLIVE, M.D., F.R.C.P., "A Plea for Changed Method in the Treatment of the Tuberculous Poor." *Lancet*, February 3rd, 1923.
 — "Damaged Lungs and Bronchiectasis." *British Medical Journal*, January 27th, 1923.
 RYLAND, ARCHER, F.R.C.S.(Ed.). "Case of Absolute Bilateral Deafness with almost Complete Loss of Vestibular Activity." *Proceedings Royal Society Medicine*, January, 1923.
 SHAW, ERNEST H., M.R.C.P. "The Immediate Microscopic Diagnosis of Tumours at the Time of Operation." *Lancet*, February 3rd, 1923.
 SPENCER, W. G. "Vesalius: his Delineation of the Framework of the Human Body in the *Fabrika* and *Epitome* (Vicary Lecture)." *British Journal of Surgery*, January, 1923.
 — "Pelvic Haematocele in a Male unnoticed until Infected from the Intestine." *Ibid.*
 — "Endothelioma of the Left Kidney extending down the Ureter and Projecting into the Bladder; Removal; Death four months later." *Ibid.*
 — "Large Intrapерitoneal (? Parovarian) Cyst disappearing after Drainage." *Ibid.*
 THURSFIELD, HUGH, M.D., F.R.C.P., JOHN POYNTON, M.D., F.R.C.P., H. T., and DONALD PATERSON, M.B.(Edin.), M.R.C.P.(Lond.). "The Severe Blood Diseases of Childhood: a Series of Observations from the Hospital for Sick Children, Great Ormond Street: Part III, Purpura." *British Journal Children's Diseases*, October-December, 1922.
 TREVAN, J. W., M.B. (E. BOOCK, B.Sc., and J.W.T.). "The Effect of Light on the Response of Frogs to Drugs." *Proceedings Royal Society Medicine*, January, 1923.
 VERRALL, P. JENNER, F.R.C.S. "Minor Traumatic Disabilities of the Upper Limb." *British Medical Journal*, January 20th, 1923.
 WALKER, KENNETH M., F.R.C.S. "Essential Enuresis." *Practitioner*, February, 1923.
 WEBER, F. PARKES, M.A., M.D., F.R.C.P. "A Case illustrating the so-called Pre-tuberculous Sciatica of Landouzy, following an Injury; also a Remarkable Radiographic Appearance of the Thorax due to Extreme Dilatation of the Oesophagus." *Clinical Journal*, February 7th, 1923.
 WHALE, H. LAWSON, F.R.C.S. "Papilloma of Septum Nasi." *Proceedings Royal Society Medicine*, January, 1923.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:
 M.B. and B.Ch.—J. P. Wells.

CHANGES OF ADDRESS.

BOKEHAM, T. B., The White Hall, Abridge, near Romford, Essex.
 DUNHILL, T. P., 54, Harley Street, W. 1. (Tel. Langham 1328.)
 HYDE, H. F., Woodrough, Bramley, Guildford.
 LEITCH, J. N., Stone Court, Brighton Road, Sutton, Surrey. (Tel. Sutton 781.)
 URWICK, W. DESMOND, 80, Grosvenor Street, W. 1. (Tel. Hampstead 7059.)
 VERRALL, P. JENNER, 116, Park Street, W. 1. (Tel. Mayfair 6078.)
 WARDE, W. B., 23, Hook Road, Surbiton.
 WILSON, A. C., 27, Nottingham Place, W. 1. (Tel. Mayfair 4501.)

CHANGE OF TELEPHONE NUMBER.

WOMACK, F. (115, Alexandra Road, South Hampstead, N.W. 8), Maida Vale 1433.

APPOINTMENTS.

ADAMS, W. F. T., M.R.C.S., L.R.C.P., appointed Casualty House-Surgeon at the Norfolk and Norwich Hospital, Norwich.
 VERRALL, P. JENNER, M.B., B.C.(Cantab.), F.R.C.S., appointed Orthopaedic Surgeon to the Northcourt Hospital for Children (Hampstead).

BIRTHS.

CATFORD.—On February 22nd, at 29, Lower Seymour Street, W. 1, to Mary, wife of Capt. Eric Catford, R.A.M.C.—a daughter.
 JEPSON.—On March 6th, at 70, Longridge Road, Earl's Court, S.W. 5, to Jean, wife of Dr. W. B. Jepson, M.C.—a daughter.
 KINDERSLEY.—On March 15th, at Ulster Lodge, Warminster, to Dr. and Mrs. Charles Kindersley—a son.
 MOORE.—On February 24th, at 29, Lower Seymour Street, the wife of Sir Alan Moore, Bt., of a son.
 STOCKER.—On February 8th, at Kohat, N.W.F.P., India, Madeleine (née Storrs Fox), wife of Capt. Stocker, M.C., I.M.S.—a daughter.
 STURTON.—On January 7th, 1923, at C.M.S. Hospital, Hangchow, China, to the wife of S. D. Sturton, M.A., M.B.(Cantab.), a daughter.
 VERRY.—On February 8th, Dorothy, the wife of Surg.-Commander G. T. Verry, R.N., of a daughter.
 WESTON.—On February 27th, at 2, East Ascent, St. Leonards-on-Sea, to Dr. and Mrs. H. J. Weston—a fourth son.

DIAMOND WEDDING.

HINE—DAVIDSON.—On February 24th, 1863, at Burnfoot, Inverness, William Conway Hine, M.R.C.S., of Swineshead, Lincolnshire (now of Poole, Dorset), to Amy Jane, daughter of James Davidson, C.E., Caledonian Canal, Inverness.

SILVER WEDDING.

HUSBAND—LEAN.—On February 22nd, 1898, at St. Stephen's Church, Lansdown, Bath, by the Ven. Archdeacon Bothamley, Walter Edward Husband, L.R.C.P.(Lond.), M.R.C.S.(Eng.), of Higher Broughton, Manchester, to Mary Isabel, daughter of the late Geo. Stuckey Lean, J.P., Lyde House, Bath. Present address: May Bank, Clevedon, Somerset.

MARRIAGES.

LEITCH—RICHARDS.—On March 1st, at Ebenezer Chapel, Newport, Mon., Dr. J. Neil Leitch, son of the late William Stiles Leitch, and of Mrs. Leitch, of Sutton, Surrey, to Florence B. Richards, niece of Mr. David Harries, of Newport, Mon.
 MORISON—CASLON.—On February 12th, at St. Michael's, Highgate, by the Rev. John Robinson, M.A., Niel Rankin McLeod Morison, only son of John Morison, M.D., and Mrs. Morison, of Haddon Court, Highgate, to Mina, daughter of Albert H. Caslon, of Broadlands Road, Highgate, and the late Mrs. Albert Caslon.

DEATHS.

HOWDEN.—On February 24th, 1923, suddenly, in London, Ian Dalrymple Clark Howden, O.B.E., M.D., F.R.C.S., J.P., of 6, Cambridge Terrace, Dover, youngest son of the late James Howden, C.A., Edinburgh.

POLLARD.—On March 14th, 1923, at 6, Beacon Terrace, Torquay, Reginald Pollard, M.B., M.R.C.S., aged 61.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, St. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.

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